



PART B - FEE(S) TRANSMITTAL

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28315 7590 03/20/2006

BANNER & WITCOFF LTD.,
COUNSEL FOR AFFYMETRIX, John P. Iwanicki
1001 G STREET, N.W.
ELEVENTH FLOOR
~~WASHINGTON, DC 20006-1597~~
28 State St., 28th Floor
Boston, MA 02109

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Laurie Hall	(Depositor's name)
<i>[Signature]</i>	(Signature)
June 9, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/950,016

09/10/2001

Janet A. Warrington

06/13/2006 ~~06/13/2006~~ 00000035 1907339580 09950016

TITLE OF INVENTION: METHODS FOR DETECTING AND DIAGNOSING ORAL CANCER

01 FC:1501
02 FC:8001

1400.00 DA
6.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	06/20/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
JOHANNSEN, DIANA B	1634	435-006000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Banner & Witcoff, Ltd.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Affymetrix, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Santa Clara, CA

President & Fellows of Harvard College Cambridge, MA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 2

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- ☐ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-0733 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

John P. Iwanicki

Date

6-9-06

Typed or printed name

John P. Iwanicki

Registration No.

34,628

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